

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 79272 FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

8164 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

TOTAL IND. 9

TOTAL DEP. 30

TOTAL CLAIMS 39

TOTAL IND. 2

TOTAL DEP. 0

TOTAL CLAIMS 2